## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

10/516470

| Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L_                                                                       |                                                |                            |                   | ,            |               |                                        |            |                                        | •                          |                            | <b>x</b> • U           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|----------------------------|-------------------|--------------|---------------|----------------------------------------|------------|----------------------------------------|----------------------------|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                                                        |                                                | CLAIMS                     | AS FILED          | - PART       | 1             | <del></del>                            | SMALL      | ALTITY.                                | <del></del>                |                            |                        |
| RATE   FEE   FEE   FEE   RATE   FEE   |                                                                          |                                                |                            | (Column 1)        |              |               | Column 2)                              |            | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | <b>O</b> R                 | OTHER THAN OR SMALL ENTITY |                        |
| RATE   ADDIT   RATE   ADDIT   RATE   ADDIT   RATE   ADDIT   RATE   ADDIT   RESENT   RATE   ADDIT   RESENT   AMENDMENT   AMEN   | TOTAL CLAIMS                                                             |                                                |                            |                   |              |               | ······································ | RATE       | FEE                                    | 1                          |                            | FEE                    |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FOR                                                                      | ₹                                              |                            | NUMBER FILED I    |              | NUM           | 18ER EXTRA                             | BASIC FEE  |                                        | OR                         | <u> </u>                   |                        |
| NDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | тот                                                                      | AL CHARGEA                                     | BLE CLAIMS                 | 53 minus 20 = . 2 |              | • 2           | 2                                      | X\$9=      |                                        | OR                         | Y \$ 10 -                  | 950                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 3)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Co | IND                                                                      | EPENDENT CL                                    | AIMS                       | minus 3 = .       |              | i             |                                        | X\$44 =    |                                        |                            | <del></del>                | 594                    |
| **If the difference in column 1 is less than zero, enter "0" in column 2  **CLAIMS AS AMENDED - PART II  **COlumn 1)**  **CLAIMS REMANING   HIGHEST MUMBER PREVOUSLY PADD FOR   SMALL ENTITY OR SMALL ENTITY O | MUL                                                                      | TIPLE DEPEN                                    | DENT CLAIM P               |                   |              |               | <u> </u>                               |            |                                        | 1                          | <b> </b>                   | 264                    |
| CLAIMS AS AMENDED - PART                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                            |                   |              |               |                                        | l ———      |                                        |                            | L                          |                        |
| Column 1)   Column 2)   Column 3)   Column 3   SMALL ENTITY   OR   |                                                                          |                                                |                            |                   |              |               |                                        |            |                                        | J OK                       | ;                          | 1808                   |
| CLAMS   NIGHEST   PRESENT   RATE   ADDITIONAL   FEE   ADDITIONAL   ADDITIONAL   ADDITIONAL   ADDITIONAL   ADDITIONAL   ADDITIONAL   ADDITIONAL   ADDITIONAL   ADDITIONAL   FEE   ADDITIONAL   ADDITIONAL   ADDITIONAL   ADDITIONAL   FEE   ADDITIONAL   ADDITIONAL   FEE   ADDITIONAL   |                                                                          |                                                |                            |                   |              |               | (Column 3)                             | SMALL      | OR                                     | OTHER THAN OR SMALL ENTITY |                            |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | AMENDMENT A                                                              |                                                | REMAINING<br>AFTER         |                   | NUM<br>PREVI | ABER<br>OUSLY | PRESENT                                | RATE       | TIONAL                                 |                            |                            | ADDI-<br>TIONAL<br>FEE |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | Total .                                        | *                          | Minus             | **           |               | =                                      | X\$9=      |                                        | OR                         | X \$ 18 =                  |                        |
| Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | Independent                                    | •                          | Minus             | ***          |               | =                                      | X\$44 =    |                                        | OR                         | X \$ 88 =                  | -                      |
| COlumn 1) (Column 2) (Column 3)    CLAINS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR TOtal   Minus   Minus  |                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                            |                   |              |               | + \$ 150 =                             |            | OR                                     | + \$ 300 =                 |                            |                        |
| Column 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                |                            |                   |              | OR            |                                        |            |                                        |                            |                            |                        |
| REMAINING AFTER AMENDMENT  Total  Tot |                                                                          | <u> </u>                                       |                            | <del></del>       |              | <u></u>       | (Column 3)                             | 1          |                                        |                            |                            |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +\$ 150 = OR +\$ 300 = OR TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLARAS REMAINING AFTER PREVIOUSLY PREVIOUSLY PAID FOR AMENDMENT PAID FOR TOTAL ADDIT. FEE  Total * Minus *** = X\$9 = OR X\$18 = OR X\$88 = EIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                | REMAINING<br>AFTER         |                   | NUM<br>PREVI | MBER<br>OUSLY |                                        | RATE       | TIONAL                                 |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +\$ 150 = OR +\$ 300 = OR TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLARAS REMAINING AFTER PREVIOUSLY PREVIOUSLY PAID FOR AMENDMENT PAID FOR TOTAL ADDIT. FEE  Total Minus *** = X\$9 = OR X\$18 = OR X\$88 = EIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          | Total                                          | *                          | Minus             | **           | ·             | =                                      | X\$9=      |                                        | OR                         | X \$ 18 =                  |                        |
| Column 1) (Column 2) (Column 3)  CLALAS REMAINING AFTER AMENDAENT PAID FOR  Total  Tot |                                                                          | Independent                                    | <u> </u>                   | Minus             | ***          |               | =                                      | X \$ 44 =  |                                        | <b>O</b> R                 | X \$ 88 =                  |                        |
| COlumn 1) (Column 2) (Column 3)  CLARAS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total  Total  Menus  Total  |                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                            |                   |              |               |                                        | +\$ 150 =  |                                        | OR                         | + \$ 300 =                 |                        |
| CLARAS REMAINING AFTER AMENDMENT Total  Tota |                                                                          |                                                |                            |                   | <b>O</b> R   |               |                                        |            |                                        |                            |                            |                        |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR STRA  Total 'Minus '' = X\$9 = OR X\$18 =  Independent 'Linus ''' = X\$44 = OR X\$88 =  FIRST PRESENTATION OF METITIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                                                |                            | ·····             |              |               | (Column 3)                             | 1          |                                        |                            |                            |                        |
| FIRST PRESENTATION OF MILITIDIE DEDEMBENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                | REMAINI <b>NG</b><br>AFTER |                   | NUM<br>PREVI | MBER<br>OUSLY | 1                                      | RATE       | TIONAL                                 |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| FIRST PRESENTATION OF MILITIDIE DEDEMORNT CLAIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | Total                                          | •                          | <b>M</b> nus      | ••           |               | =                                      | X \$ 9 =   |                                        | OR                         | X \$ 18 =                  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +5 150 = OP + 5 200 -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          | Independent                                    | •                          | Minus             | •••          |               | =                                      | X \$ 44 =  |                                        | OR                         | X \$ 88 =                  |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                            |                   |              |               |                                        | + \$ 150 = |                                        | OR                         | + \$ 300 =                 | 2.7                    |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | If the entry in colo                           | umn 1 is less than         | the entry in col  | umn 2, write | -0- in calı   | ırını 3.                               |            |                                        | OR                         |                            |                        |

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.